

## Foster Family Home - Corrective Action Report

Provider ID: 2-512112

Home Name: Luzonica Dela Rosa, CNA

Review ID: 2-512112-9

45-3244 Ohia Street

Reviewer: Carol Copeland

Honoka'a HI 96727

Begin Date: 6/24/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RSM  
Compliance Manager

Luzonica B. Dela Rosa  
Primary Care Giver

6/24/19  
Date

6-24-19  
Date